

Lemar and Lemar

West Square Dental Practice

Inspection Report

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Overall summary

We carried out this announced inspection on 8 August 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We planned the inspection to check whether the registered provider was meeting the legal requirements in the Health and Social Care Act 2008 and associated regulations. The inspection was led by a CQC inspector who was supported by a specialist dental adviser.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the inspection.

Our findings were:

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

Are services responsive?

We found that this practice was providing responsive care in accordance with the relevant regulations.

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

Our key findings were:

- The practice was mostly clean and well maintained. We found there was scope to improve the environmental cleaning of the carpets.
- The practice had infection control procedures which reflected published guidance.
- Patients provided positive feedback about the service and the staff.
- Staff knew how to deal with emergencies. Appropriate medicines and life-saving equipment were available.
- The practice had systems to help them manage risk.
- The practice had suitable safeguarding processes and staff knew their responsibilities for safeguarding adults and children.
- The practice had thorough staff recruitment procedures.
- The clinical staff provided patients' care and treatment in line with current guidelines.

Summary of findings

- Staff treated patients with dignity and respect and took care to protect their privacy and personal information.
 - The appointment system met patients' needs. Patients reported they could get appointments when they needed them.
 - The practice had effective leadership. Staff felt involved and supported and worked well as a team. We saw that staff appraisals were a new process to the practice and were being introduced as an annual review.
 - The practice asked staff and patients for feedback about the services they provided.
 - The practice valued patient feedback and had a process to deal with complaints positively and efficiently.
- There were areas where the provider could make improvements. They should:
- Review the practice's systems in place for environmental cleaning taking into account current national guidelines.
 - Review the current performance review systems in place and have an effective process established for the on-going assessment and supervision of all staff.
 - Review its responsibilities to the needs of people with a disability, including those with hearing difficulties and the requirements of the Equality Act 2010.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

We found that this practice was providing safe care in accordance with the relevant regulations.

The practice had systems and processes to provide safe care and treatment. They used learning from incidents and complaints to help them improve.

Staff received training in safeguarding and knew how to recognise the signs of abuse and how to report concerns.

Staff were qualified for their roles and the practice completed essential recruitment checks.

Premises and equipment were clean and properly maintained. The practice followed national guidance for cleaning, sterilising and storing dental instruments. We found there was scope to ensure cleaning arrangements for the practice were robust and this included the cleaning of carpets. We saw that clinical waste was locked and secured in the practice kitchen, there was scope to ensure the risk of cross infection was assessed to mitigate and prevent contamination of the kitchen and staff area. Following the inspection we discussed these issues with the registered manager who agreed to review the storage arrangements and cleaning procedures.

The practice had suitable arrangements for dealing with medical and other emergencies.

No action



Are services effective?

We found that this practice was providing effective care in accordance with the relevant regulations.

The dentists assessed patients' needs and provided care and treatment in line with recognised guidance. Patients described the treatment they received as professional and expert. The dentists discussed treatment with patients so they could give informed consent and recorded this in their records.

The practice had clear arrangements when patients needed to be referred to other dental or health care professionals.

The practice supported staff to complete training relevant to their roles and had systems to help them monitor this.

No action



Are services caring?

We found that this practice was providing caring services in accordance with the relevant regulations.

We received feedback about the practice from 49 people. Patients were positive about all aspects of the service the practice provided. They told us staff were friendly and they were treated with great respect. They said that they were given efficient first class treatment and clear explanations about dental treatment, and said their dentist listened to them. Patients commented that they made them feel at ease, especially when they were anxious about visiting the dentist.

No action



Summary of findings

We saw that staff protected patients' privacy and were aware of the importance of confidentiality. Patients said staff treated them with dignity and respect.

Are services responsive to people's needs?

We found that this practice was providing responsive care in accordance with the relevant regulations.

The practice's appointment system was efficient and met patients' needs. Patients could get an appointment quickly if in pain.

Staff considered patients' different needs. This included providing facilities for disabled patients and families with children. Members of staff spoke several languages and the practice had access to telephone interpreter services. The provider had access to information to help patients with sight or hearing loss. We found the practice did not have a hearing loop.

The practice took patients views seriously. They valued compliments from patients and responded to concerns and complaints quickly and constructively.

No action 

Are services well-led?

We found that this practice was providing well-led care in accordance with the relevant regulations.

The practice had arrangements to ensure the smooth running of the service. These included systems for the practice team to discuss the quality and safety of the care and treatment provided. There was a clearly defined management structure and staff felt supported and appreciated. Staff appraisals were being introduced as an annual review.

The practice team kept complete patient dental care records which were, clearly written or typed and stored securely.

The practice monitored clinical and non-clinical areas of their work to help them improve and learn. This included asking for and listening to the views of patients and staff. We saw that of the 66 patients who responded to the practice November 2016 patient survey, 100% of patients who responded were likely or extremely likely to recommend the practice to a friend or family member.

No action 

West Square Dental Practice

Detailed findings

Background to this inspection

West Square Dental Practice is in Maldon and provides NHS and private treatment to patients of all ages.

There is a portable ramp for access for people who use wheelchairs and pushchairs. Car parking spaces, including for patients with disabled badges, are available near the practice.

The dental team includes three dentists, three dental nurses, one dental hygienist and one receptionist/practice manager. The practice partners told us they were in the process of refurbishing the premises and had recently refurbished two ground floor treatment rooms and the decontamination room. There were three treatment rooms, two on the ground floor.

The practice is owned by a partnership and as a condition of registration must have a person registered with the Care Quality Commission as the registered manager. Registered

managers have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the practice is run. The registered manager at West Square Dental Practice was the principal dentist.

On the day of inspection we collected 37 CQC comment cards filled in by patients and spoke with five other patients. We also received seven positive CQC share your experience notifications. This information gave us a positive view of the practice.

During the inspection we spoke with three dentists, three dental nurses and the receptionist/practice manager. We looked at practice policies and procedures and other records about how the service is managed.

The practice is open: Monday to Thursday 8:30 am to 1 pm and 2 pm to 5:30 pm and Friday 8:30 am to 1 pm and 2 pm to 4 pm.

Are services safe?

Our findings

Reporting, learning and improvement from incidents

The practice had policies and procedures to report, investigate, respond and learn from accidents, incidents and significant events. Staff knew about these and understood their role in the process.

The practice recorded, responded to and discussed all incidents to reduce risk and support future learning. The practice manager understood the formal reporting pathways required following serious untoward incidents as detailed in the Reporting of Injuries Disease and Dangerous Occurrences Regulations 2013 (RIDDOR).

The practice received national patient safety and medicines alerts from the Medicines and Healthcare Products Regulatory Authority (MHRA). Relevant alerts were discussed with staff, acted on and stored for future reference.

Reliable safety systems and processes (including safeguarding)

Staff knew their responsibilities if they had concerns about the safety of children, young people and adults who were vulnerable due to their circumstances. The practice had safeguarding policies and procedures to provide staff with information about identifying, reporting and dealing with suspected abuse. There was good information around the practice about reporting procedures and staff had received relevant training for their role. All staff had DBS checks in place to ensure they were suitable to work with vulnerable adults and children.

The practice had a whistleblowing policy. Staff told us they felt confident they could raise concerns without fear of recrimination.

We looked at the practice's arrangements for safe dental care and treatment. These included risk assessments which staff reviewed every year. The dentists used a process of re-sheathing used dental needles. We were told they would be reviewing the systems in place with the prospect of moving to a system of 'Safe Sharps' to ensure the safe management and disposal of sharps waste and to ensure the risks associated with handling sharps were eliminated.

The dentists used rubber dams in line with guidance from the British Endodontic Society when providing root canal treatment.

The practice had a business continuity plan describing how the practice would deal events which could disrupt the normal running of the practice.

Medical emergencies

Staff knew what to do in a medical emergency and completed training in emergency resuscitation and basic life support every year.

Equipment for use in a medical emergency was in line with the recommendations of the Resuscitation Council UK, and included an automated external defibrillator (AED).

The AED and Oxygen were checked by staff weekly, other equipment and medicines for use in an emergency were also checked weekly. This ensured that they would be available, in date, and in good working order should they be required. Staff we spoke with were able to describe where the emergency equipment was kept, and which medicines would be required in specific emergency.

A whistle was used as an alarm in case of a medical or other emergency. Whistles were available in each room in the building. Guidance on the action to take in case of fire or medical emergency were also available. All staff we spoke with were able to give clear examples of how the 'alarm system' would be used.

Staff recruitment

The practice had a staff recruitment policy and procedure to help them employ suitable staff. This reflected the relevant legislation. We looked at eight staff recruitment files. These showed the practice followed their recruitment procedure.

Clinical staff were qualified and registered with the General Dental Council (GDC) and had professional indemnity cover.

Monitoring health & safety and responding to risks

The practice's health and safety policies and risk assessments were up to date and reviewed to help manage potential risk. These covered general workplace and specific dental topics. The practice had current employer's liability insurance and checked each year that the clinicians' professional indemnity insurance was up to date.

Are services safe?

A dental nurse worked with the dentists when they treated patients.

Infection control

The practice had an infection prevention and control policy and procedures to keep patients safe. They followed guidance in The Health Technical Memorandum 01-05: Decontamination in primary care dental practices (HTM01-05) published by the Department of Health. Staff completed infection prevention and control training every year.

The practice had suitable arrangements for transporting, cleaning, checking, sterilising and storing instruments in line with HTM01-05. The records showed equipment staff used for cleaning and sterilising instruments was maintained and used in line with the manufacturers' guidance.

The practice carried out infection prevention and control audits twice a year. The latest audit showed the practice was meeting the required standards. We saw that clinical waste was locked and secured in the practice kitchen, we found there was scope to ensure the risk of cross infection was assessed to mitigate and prevent contamination of the kitchen and staff area. We discussed this with the registered manager who agreed to review the storage arrangements following the inspection.

The practice had procedures to reduce the possibility of Legionella or other bacteria developing in the water systems, in line with a risk assessment.

We saw cleaning schedules for the premises. The practice was mostly clean when we inspected and patients confirmed this was usual. We noted carpets in the waiting

area were stained and there was no process in place for regular deep cleaning. We discussed this with the registered manager and the practice manager who agreed to review the cleaning arrangements following the inspection.

Equipment and medicines

We saw servicing documentation for the equipment used. Staff carried out checks in line with the manufacturers' recommendations. We noted in one treatment room some orthodontic instruments had no dates on the sterilization pouches, however everything else was pouched and appropriately dated. We discussed this with the dentist and the registered manager who confirmed this would be reviewed.

The practice had suitable systems for prescribing, dispensing and storing medicines.

The practice stored and kept records of NHS prescriptions as described in current guidance.

Radiography (X-rays)

The practice had suitable arrangements to ensure the safety of the X-ray equipment. They met current radiation regulations and had the required information in their radiation protection file.

We saw evidence that the dentists justified, graded and reported on the X-rays they took. The practice carried out X-ray audits every year following current guidance and legislation.

Clinical staff completed continuous professional development in respect of dental radiography.

Are services effective?

(for example, treatment is effective)

Our findings

Monitoring and improving outcomes for patients

The practice kept detailed dental care records containing information about the patients' current dental needs, past treatment and medical histories. The dentists assessed patients' treatment needs in line with recognised guidance.

We saw that the practice audited patients' dental care records to check that the dentists recorded the necessary information.

The practice did not provide sedation services; patients who required sedation were referred elsewhere, which gave them a choice with regard to where they received their treatment. Referrals for NHS orthodontic treatment were made to local orthodontic practices.

Health promotion & prevention

The practice believed in preventative care and supporting patients to ensure better oral health in line with the Delivering Better Oral Health toolkit. The hygienist provided practical support and advice around good oral hygiene to patients.

The dentists told us they prescribed high concentration fluoride toothpaste if a patient's risk of tooth decay indicated this would help them. They used fluoride varnish for children based on an assessment of the risk of tooth decay for each child.

The dentists told us they discussed smoking, alcohol consumption and diet with patients during appointments. The practice had a selection of dental products for sale and provided health promotion leaflets to help patients with their oral health.

Staffing

Staff new to the practice had a period of induction based on a structured induction programme. We confirmed clinical staff completed the continuous professional development required for their registration with the General Dental Council.

Staff told us they discussed training needs at annual appraisals. The practice manager told us that appraisals for all staff were on-going and we saw records of completed appraisals. We found this was a new process to the practice and we were told these would be introduced as an annual review.

Working with other services

Dentists confirmed they referred patients to a range of specialists in primary and secondary care if they needed treatment the practice did not provide. These included referring patients for sedation services and with suspected oral cancer under the national two week wait arrangements. This was initiated by NICE in 2005 to help make sure patients were seen quickly by a specialist.

Consent to care and treatment

The practice team understood the importance of obtaining and recording patients' consent to treatment. The dentists told us they gave patients information about treatment options and the risks and benefits of these so they could make informed decisions. Patients confirmed their dentist listened to them and gave them clear information about their treatment.

The practice's consent policy included information about the Mental Capacity Act 2005. The team understood their responsibilities under the act when treating adults who may not be able to make informed decisions. The policy also referred to Gillick competence and the dentists were aware of the need to consider this when treating young people under 16. Staff described how they involved patients' relatives or carers when appropriate and made sure they had enough time to explain treatment options clearly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of their responsibility to respect people's diversity and human rights.

Patients commented positively that staff were friendly, professional and helpful. We saw that staff treated patients respectfully, appropriately and kindly and were friendly towards patients at the reception desk and over the telephone.

We also received seven positive CQC share your experience notifications before the inspection which reflected our findings and patient comments. Nervous patients said staff were compassionate and understanding.

Staff were aware of the importance of privacy and confidentiality. We found the layout of reception and the combined waiting area meant that privacy was challenging to maintain when reception staff were dealing with patients both face to face and on the telephone. We saw that staff took great care not to breach patients' confidentiality. We saw that if a patient required more privacy they would take them into another room. The reception computer screens were not visible to patients and staff did not leave personal information where other patients might see it.

Staff password protected patients' electronic care records and backed these up to secure storage. The practice was in the process of moving away from paper records and ensured historic paper records were stored securely.

Music was played and there were magazines in the waiting room. The practice provided drinking water.

Information folders and patient survey results were available for patients to read.

Involvement in decisions about care and treatment

The practice gave patients clear information to help them make informed choices. Patients confirmed that staff listened to them, did not rush them and discussed options for treatment with them. We saw examples in patients' dental care records that demonstrated patients had been involved in discussions about their dental care. Dentists had recorded the treatment options and noted that these had been discussed with patients.

Patients told us staff were kind and helpful when they were in pain, distress or discomfort.

The practice leaflet and NHS Choices page provided patients with information about the range of treatments available at the practice. These included general dentistry and treatments for gum disease and more complex treatment such as root canal treatment, implants and periodontal treatments.

X-ray viewing screens were available in all treatment room so the dentists could show patients photographs and X-ray images when they discussed treatment options.

The practice offered mostly NHS dental treatments (70%). The practice also provided treatment on a private basis which included cosmetic dentistry, whitening, Botox and dermal filler treatments. The costs for both NHS and private dental treatments were displayed in the waiting room.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting patients' needs

Patients described high levels of satisfaction with the responsive service provided by the practice.

The practice had an efficient appointment system to respond to patients' needs. Staff told us that patients who requested an urgent appointment were seen the same day. Patients told us they had enough time during their appointment and did not feel rushed. Appointments ran smoothly on the day of the inspection and patients were not kept waiting.

We saw that the practice made adjustments for patients who found it unsettling to wait in the waiting room to enable them to receive treatment. The team kept this in mind to make sure the dentist could see them as soon as possible after they arrived.

Staff told us that they telephoned some vulnerable and older patients the week before their appointment to make sure they could get to the practice. For those patients who had provided a mobile telephone number the practice sent text messages to remind them when their six month review was due.

Promoting equality

The practice made reasonable adjustments for patients with disabilities. These included a portable ramp access, accessible toilet with hand rails and a call bell. Several members of staff spoke several languages and the practice had access to telephone interpreter services. The provider had access to information to help patients with sight or hearing loss. We found the practice did not have a hearing loop.

Staff said they could provide information in different formats and languages to meet individual patients' needs.

Access to the service

The practice displayed its opening hours in the premises, their information leaflet and on the NHS Choices website.

We confirmed the practice kept waiting times and cancellations to a minimum.

The practice was committed to seeing patients experiencing pain on the same day and kept appointments free with each dentist for same day appointments. They took part in a reciprocal arrangement for emergency cover with a local practice. The information leaflet and answerphone provided telephone numbers for patients needing emergency dental treatment during the working day and when the practice was not open. Patients confirmed they could make routine and emergency appointments easily and were rarely kept waiting for their appointment.

Concerns & complaints

The practice had a complaints policy providing guidance to staff on how to handle a complaint. The practice information leaflet explained how to make a complaint. The practice manager was responsible for dealing with these. Staff told us they would tell the practice manager about any formal or informal comments or concerns straight away so patients received a quick response.

The practice manager told us they aimed to settle complaints in-house and invited patients to speak with them in person to discuss these. Verbal complaints were also reviewed and discussed at staff meetings. Information was available about organisations patients could contact if not satisfied with the way the practice dealt with their concerns.

We looked at comments, compliments and complaints the practice received over the previous 12 months. These showed the practice responded to concerns appropriately and discussed outcomes with staff to share learning and improve the service.

Are services well-led?

Our findings

Governance arrangements

The registered manager had overall responsibility for the management and clinical leadership of the practice. The practice manager was responsible for the day to day running of the service. Staff knew the management arrangements and their roles and responsibilities.

The practice had policies, procedures and risk assessments to support the management of the service and to protect patients and staff. These included arrangements to monitor the quality of the service and make improvements.

The practice had information governance arrangements and staff were aware of the importance of these in protecting patients' personal information.

Leadership, openness and transparency

Staff were aware of the duty of candour requirements to be open, honest and apologetic to patients if anything went wrong.

Staff told us there was an open, no blame culture at the practice. They said the practice manager encouraged them to raise any issues and felt confident they could do this. They knew who to raise any issues with and told us the practice manager and the principal dentists were approachable, would listen to their concerns and act appropriately. The practice manager discussed concerns at staff meetings and it was clear the practice worked as a team and dealt with issues professionally.

The practice held meetings where staff could raise any concerns and discuss clinical and non-clinical updates. Immediate discussions were arranged to share urgent information.

Learning and improvement

The practice had quality assurance processes to encourage learning and continuous improvement. These included

audits of dental care records, X-rays and infection prevention and control. They had clear records of the results of these audits and the resulting action plans and improvements.

The partners showed a commitment to learning and improvement and valued the contributions made to the team by individual members of staff. Staff told us they discussed training needs at annual appraisals. The practice manager told us that appraisals for all staff was a new process to the practice and was being introduced as an annual review. We saw evidence of some completed appraisals in the staff folders.

Staff told us they completed mandatory training, including medical emergencies and basic life support, each year. The General Dental Council requires clinical staff to complete continuous professional development. Staff told us the practice provided support and encouragement for them to do so.

Practice seeks and acts on feedback from its patients, the public and staff

The practice used patient surveys, comment cards and verbal comments to obtain staff and patients' views about the service.

Patients were encouraged to complete the NHS Friends and Family Test (FFT). This is a national programme to allow patients to provide feedback on NHS services they have used. There were comment cards and a response box in the waiting room to allow them to do this. The practice's results for June 2017 showed that 100% of patients who responded were extremely likely to recommend the practice to friends or family. We saw that of the 66 patients who responded to the practice November 2016 patient survey, 100% of patients who responded were likely or extremely likely to recommend the practice to a friend or family member.

There were seven patient reviews recorded on the NHS Choices website, all within the two years before this inspection. Reviews were wholly positive.